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REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

AMENDMENT TRANSMITTAL LETTER				Docket No. 1110-0307P																																											
Application No.	Filing Date	Examiner	Art Unit																																												
10/084,139-Conf. #7006	February 28, 2002	E. B. O'Hara	1646																																												
Applicant(s): Shigekazu NAGATA et al.																																															
Invention: PROPHYLACTIC/THERAPEUTIC AGENT																																															
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="6" style="text-align: center;">CLAIMS AS AMENDED</th></tr><tr><th></th><th style="text-align: center;">Claims Remaining After Amendment</th><th style="text-align: center;">Highest Number Previously Paid</th><th style="text-align: center;">Number Extra Claims Present</th><th style="text-align: center;">Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td style="text-align: center;">15</td><td style="text-align: center;">- 20 =</td><td></td><td style="text-align: center;">x</td><td></td></tr><tr><td>Independent Claims</td><td style="text-align: center;">5</td><td style="text-align: center;">- 6 =</td><td></td><td style="text-align: center;">x</td><td></td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify):</td><td></td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td style="text-align: center;">0.00</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input checked="" type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;"><p><u>MaryAnne Armstrong, Ph.D.</u> Attorney Reg. No.: 40,069</p><p>BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000</p></div><div style="width: 35%; text-align: right;"><p>Dated: <u>May 9, 2006</u></p></div></div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	15	- 20 =		x		Independent Claims	5	- 6 =		x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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